PATENT APPLICATION FEE DETERMINATION RECORD

Effective January 1, 2003

Application or Docket Number

10646644

Elicolive dandary 1, 2000								19640699					
			S FILED - PART I (Column 1)		(Column 2)			SMALL ENTITY TYPE		OR	OTHER THAN OR SMALL ENTITY		
TOTAL CLAIMS			23				Γ	RATE	FEE		RATE	FEE	
FOR			NUMBER FILED		NUMBER EXTRA		Ε	BASIC FEE	375.00	OR	BASIC FEE	750.00	
TOTAL CHARGEABLE CLAIMS			7_3minus 20=		* 3			X\$ 9=		OR	X\$18=`	554,	
INDEPENDENT CLAIMS			minus 3 =		* 4			X42=		OR	X84 <i>€</i>	22/	
ML	LTIPLE DEPEN	DENT CLAIM P	RESENT					+140=		OR	+280=	72 DC	
* If	the difference	in column 1 is	less than ze	ro, enter	"0" in c	"0" in column 2						1110	
CLAIMS AS AMENDED - PART II								TOTAL		OR	TOTAL		
	C	(Column 1)	(Column 2)			(Column 3)	SMALL ENTITY			OR	OTHER THAN SMALL ENTITY		
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	EST BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
N N	Total	* .	Minus	**		=	1	X\$ 9=		OR	X\$18=		
AME	Independent	*	Minus			=		X42=		OR	X84=		
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								+140=		OR	+280=		
								TÖTÄL DDIT. FEE		OR	TOTAL ADDIT. FEE		
	1 7	Λ.											
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
ND	Total	*	Minus	**		=	1	X\$ 9=		OR	X\$18=		
AME	Independent	* NTATION OF MI	Minus	***	CLAIM	=		X42=		OR	X84=		
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								+140=		OR	+280=		
								TOTAL DDIT. FEE		OR	TOTAL ADDIT. FEE		
		_											
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*	Minus	**		=	1	X\$ 9=		OR	X\$18=		
ME	Independent	*	Minus	***		=	 	X42=			X84=		
Ľ	FIRST PRESENTATION OF MULTIPLE DEPENDEN				CLAIM		 -	772-		OR	A04=		
*	if the entry in colu	L	+140=		OR	+280=							
**	* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." OR TOTAL ADDIT. FEE												
		ber Previously Pa					er foun	d in the ann	ropriate hos	cin col	umn 1		